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CONFIRMATION NO. 7382

<b>SERIAL NUMBER</b> 10/619,761	<b>FILING OR 371(c) DATE</b> 07/14/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 21087.0019U5
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

✓ This application is a CON of 09/322,357 05/28/1999 PAT 6,593,104 which is a CIP of 09/248,757 02/12/1999 PAT 6,417,342

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\*  
01/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> IA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 52	<b>INDEPENDENT CLAIMS</b> 7	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials			

## ADDRESS

23859

## TITLE

Macular degeneration diagnostics and therapeutics

<b>FILING FEE RECEIVED</b> 910	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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